

**IN MEMORIAM**

Please join us in our sorrow for the loss of Mary Reddick who passed away very unexpectedly in early July. Mary was the EBC Assistant for many years and was a primary liaison for hospitals, parent social security inquiries, and communication downloads. She will be greatly missed.

**ERSATZ NAMES:
"BABY BOY"
"FEMALE,"**

At the recent VITAL LINK 2002 conferences held this spring, a series of editing issues regarding birth registration was discussed and among them was the method of naming the child. If parents do not choose a first or middle name (items 4A and 4B) for their newborn during the mother's hospital stay, leave these name fields blank. EBC does allow a blank first and middle name, but a last name (item 4C) is required.

Please do not enter "BABY BOY," "BABY GIRL," "MALE", or any other ersatz placeholder in the newborn name fields (4A, 4B). On rare but memorable occasions, records have been registered incorrectly with "baby boy" as the first name.

If a first name is chosen but no middle name is given to the newborn, enter three dashes in the middle name field. For instance,

David --- Sherman

Do not enter "NMI" or any other entry that would be recorded as the child's legal name....*continued*

TECHNICAL SUPPORT

Registry of Vital Records and Statistics
150 Mt.Vernon St., 1st FL
Dorchester, MA 02125-3105

Hospital Support (617) 740-2605
Natality Unit FAX (617) 740-2713

To Order

Registry Forms:

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**Information PRENATAL CARE
Booth AND
PRENATAL HEALTH INSURANCE**

At times, a mother has received no prenatal care. EBC provides for this condition on screen 5 when it asks after the date of last menses "Has there

been any prenatal care?" If the answer to the question is "no", then the following fields are automatically skipped or zero filled by EBC: Date of First Visit, Number of Visits, Practitioner Type and Care Site. Mother's weight gain should be entered if it is known. In a "no prenatal care" circumstance, the Type of Health Plan should be entered as "0 NO PRENATAL CARE". This option is offered on page 2 of the Hospital Worksheet for Birth Certificates and on the pop-up in Screen 5 of EBC as shown above. If the mother received no prenatal care, no health plan services were used.

Delivery Source of Payment should be entered normally on screen 6 to reflect the type of health plan and payment for the actual delivery.

BABY BOY, continued

Encourage parents to make a decision on the given names. Make it clear to parents that it is preferable for them to make a decision before discharge, or they will need to complete legal procedures through the city/town clerk in order to record their child's name.

If possible, obtain parent signature(s) on birth certificates created with blank first and middle name(s). This situation is very unusual, but it does occur occasionally. The city/town clerk can record a record with blank first and middle name(s). However, if the certificate remains unsigned, and if parents do not return to complete the record, it will remain in a pending file as unrecordable. Of course, no social security number may be requested for an incomplete record.

Frequently Asked Questions



When a birth occurs at exactly midnight, which date of birth should be entered on the birth certificate? For instance, if a child was born at exactly midnight on December 31, 2002 should the date of birth be entered as December 31, 2002 – or January 1, 2003?

The answer is as follows: Consider a birth at midnight to have occurred at the end of one day, rather than the beginning of the next.

In the above instance, the date for the birth that occurs at midnight on December 31 should be recorded as December 31, 2002.

In EBC the screen will read "12:00 MID". However, the birth certificate will be printed as "12:00 AM". If a birth occurs at noontime, the EBC screen for the time of birth will read "12:00 NOON", but the birth certificate will be printed as "12:00 PM".



Managing Multiples

When mothers deliver two or more healthy babies, the birth certificates are complicated enough. But what happens when one or more in a multiple gestation pregnancy results in a fetal death or other outcome?

First step: In doubt? Call the Registry. Even though some basic guidelines are listed below, each situation is always a little bit different, and it's always best to check first especially when there may be a sensitive situation involved...

These are some basic scenarios:

All live births: This seems easy... a birth certificate for each. But what if the live births are "not viable" or under 20 weeks gestation? *Always a birth certificate for each... AND please do your best to ensure that a death certificate is done for each live birth that expires even if this is not your area of responsibility!* The Registry will not rest until each live birth where a death is indicated has both a birth certificate and a death certificate.



One or more fetal deaths (stillborns): Regardless of gestational age, if there were products of the pregnancy delivered at any time, each of these counts towards the plurality and birth order. For example, at delivery, one live birth is delivered at 37 weeks and the remains of one fetus that died in utero at 19 weeks is delivered after the live birth, there will be a birth certificate for twin one, birth order one, and a report of fetal death for a 37-week gestation fetus, birth order two, as weeks at *extraction* is the basis for reportability. If that 19-week fetal death were extracted at 19 weeks, then there would be one birth certificate for twin #2 and the fetal death of twin #1 is non-reportable, but still must be counted in the EBC fields for previous terminations.

Selective reduction: Products of pregnancy removed by selective reduction are not fetal deaths. They are induced terminations. They should not be counted toward the plurality, nor considered fetal deaths, but should be reported as part of your hospital's reporting of induced terminations. In EBC, this item should be entered in screen 5 in number of terminations/date fields.

Each situation is unique. It usually prevents messy clean-ups if the records are done correctly from the beginning. If there's any doubt, call first!

Revised: Hospital Worksheets for Birth Certificates

A revision to the Hospital Worksheet for Birth Certificates has been made on page 3 under **Risk Factors for this Pregnancy**. Item 1 ☐ AIDS/HIV Positive will no longer be collected as part of the prenatal care data set. That entry now reads 1 ☐ Unused Field. Please discard your older Hospital Worksheet forms and place an order for the newer Worksheets (R-166) with the revision date of 06/02. You can place the order by calling the Registry Forms number, by fax, or by e-mailing Pedro Fidalgo.

If your facility uses a locally modified Hospital Worksheet to collect **Risk Factors for this Pregnancy**, please revise the form to reflect this change.

Your EBC software will be updated in the near future to remove this data item from the Medical Risk Factors data collection screen.